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MARGIN RESERVED FOR BINDING

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Yuma</u> State <u>Arizona</u>		State File No. <u>403</u>	
Township <u>Yuma</u> or Village _____				City <u>Yuma</u>		Registered No. <u>36</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				No. _____ St. _____ Ward _____			
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.							
2. FULL NAME <u>Luz Redondo Balsez</u>							
(a) Residence: No. <u>437 Indian Ave</u> St. _____ Ward _____				(Usual place of abode)		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>Spanish</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>widowed</u>		6. DATE OF DEATH (month, day, and year) <u>April 13, 1932</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		7. AGE		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wf.</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
6. DATE OF BIRTH (month, day, and year) <u>May 1-1856</u>		7. AGE		10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
7. AGE		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wf.</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (city or town) (State or country) <u>San Gabriel California</u>		13. NAME <u>Jose maria Redondo</u>		14. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>		15. MAIDEN NAME <u>Maria Piedad Contreras</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>		17. INFORMANT (Address) <u>Dr. J. J. Sullivan Yuma Ariz.</u>		18. BURIAL, CREMATION, OR REMOVAL (Place) <u>Yuma Cemetery</u> (Date) <u>4/15/32</u>		19. UNDERTAKER (Address) <u>Dr. J. J. Sullivan Yuma Ariz.</u>	
20. Filed <u>April 15, 1932</u>		21. Registrar <u>Mary L. Thompson</u>		22. Medical Certificate of Death		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____	
				The principal cause of death and related causes of importance were as follows: <u>Carcinoma of rectum</u>		Date of Onset _____	
				Other contributory causes of importance: <u>H. 60</u>			
				Name of operation <u>None</u> Date of _____			
				What test confirmed diagnosis? _____ Was there an autopsy? _____			
				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____			
				Where did injury occur? _____ (Specify city or town, county and State)			
				Specify whether injury occurred in industry, in home, or in public place.			
				Manner of injury _____			
				Nature of injury _____			
				24. Was disease or injury in any way related to occupation of deceased? _____			
				If so, specify _____			
				(Signed) <u>Capit. Eaton</u> M. D.			
				(Address) <u>Yuma Ariz.</u>			